

REPORT OF TERMINATION OF ADOPTIVE PLACEMENT

ND DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES/ADOPTION
SFN 763 (Rev. 06/2005)

ND CCWIPS # :		
Child's Birth Name: (Last, First, Middle)		
Child's Adoptive Name (Last, First, Middle):		
Birth Date:		
Adoptive Family Name: Last	Man's First and Middle	Woman's First and Middle
We have terminated the child's adoptive placement with this family because: <div style="margin-left: 40px;"> Child died Cause of death _____ Child was removed from home on _____ and placed with _____ (date) Other (specify) _____ </div>		
The permanent plan for the child is:		
Signature of Agency Director or Supervisor:	Agency	Date

This form is used to report the disruption of an adoptive placement prior to finalization, for any child placed by a LCPS pursuant to N.D.C.C. 14-15 or N.D.C.C. 50-12.

Copies of this document are retained in the supervising agency and the Department of Human Services adoption records.